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CONFIRMATION NO. 4546

<b>SERIAL NUMBER</b> 09/985,820	<b>FILING OR 371(c) DATE</b> 11/06/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> A9025	
<b>APPLICANTS</b> David Vale, Dublin, IRELAND; Eamon Brady, Elphin, IRELAND;  <b>** CONTINUING DATA *****</b> This application is a CON of PCT/IE00/00053 05/08/2000 <i>MT</i> <b>** FOREIGN APPLICATIONS *****</b> IRELAND PCT/IE99/00036 05/07/1999 <i>MT</i> IRELAND PCT/IE99/00033 05/07/1999 <i>MT</i>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/17/2001</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged <i>Matthew Fyfe</i> <i>MT</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IRELAND	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 61	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23373					
<b>TITLE</b> FILTER ELEMENT FOR EMBOLIC PROTECTION DEVICE					
<b>FILING FEE RECEIVED</b> 2780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		